N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

REC'D AUG 6 1938

Do not use this space.

1. PLACE OF DEATH
County Ray
Township Richmond
City Henretta Mo. (No. ..... St. ..... Ward)

Registration District No. 744
Primary Registration District No. 57763

File No. 26322
Registered No. 160

2. FULL NAME Billie Bob Wanager 526

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nove. 15 th. 1936

7. AGE: YEARS one; MONTHS 8; DAYS 3; If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Babe
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Henretta Mo. Ray Co. 0

FATHER
13. NAME Robert Henry Wanager 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray Co. Mo. 1

MOTHER
15. MAIDEN NAME Nina Everett
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ken.

17. INFORMANT (ADDRESS) Robert Wanager Henretta Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Camden Mo. DATE July 14 th.

19. UNDERTAKER (ADDRESS) Brothers Funeral Home Richmond Mo.

20. FILED 8/1 1938 Mary B. McDonald Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 12th 38, 19

22. I HEREBY CERTIFY, That I attended deceased from July 12th 1938, 19 to July 12th 1938, 19
I last saw him alive on July 12th 1938, 19 Death is said to have occurred on the date stated above, at 5.45 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia and Cholera Infantile	July 8th. 3

Other contributory causes of importance: 114a

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) [signature], M. D.
(Address) Henretta Mo.